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Dissertation

on Pneumonia Typhoides

by

Rejected March 30th 1827
W. E. H.

John R. Taylor

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Pneumonia Typhoides

In compliance with one of the established requisitions of this school. I am induced (however incompetent to the task I may feel) to make as the subject of a Thesis, some observations on the history and most prominent features of a disease; which from its wide and desolating ravages throughout every section of our country, and from the dark obscurity in which it is veiled; has elicited the attention and investigations of some of our most eminent physicians, in endeavouring to determine from whence its origin, and what the best method of arresting its career. Mortifying to their pride and discouraging to research and observation, their investigations have as yet been but sparingly rewarded. But happily for society and consoling to the feelings of the profession; if its pathology has been withheld, its cure the result of experience, has been crowned with the most ample and satisfactory success

I should be guilty of the base and unpardonable crime

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of plagiarism, were I to claim the suggestion of any thing original in relation to this subject. Indeed it is not to be expected, and as such, I shall have perfectly attained my end, if by a compilation of facts derived from the most respectable authority, I succeed in pointing out the most approved method of checking its progress or effecting a cure

We are told by our Professor on the practice, that this epidemic first made its appearance in New Hampshire in the year eighteen hundred and six, from which state it spread throughout New England, entered the Canadies, and finally passed through the United States. In the year eighteen hundred and thirteen it was for the first time discovered in this City, not exciting much alarm, nor attended with much fatality; but upon its return the next winter, it was more envenomed, and its attack more frequently fatal — assuming for itself such a variety of shape, as to have procured the appellation of a perfect Proteus. It appears from one source (North)

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and perhaps a proximity of those of New England, that children, women, young people, and those of a sanguine temperament and lax fibre, are more liable to this disease. Whereas from another (Miller of Va) the strong and robust were peculiarly liable to it — males more frequently than females, and adults more than children — But that the diseases spring from one or the same common origin, there can be but little doubt

Without additional remarks, I shall proceed to the symptoms. They are described by Dr Chapman as being always attended with prostration and debility, most frequently commencing with alternations of chills and heat, the skin dry and pale, or mottled, the face livid or bronzed, alae nasi contracted, forehead pallished, eyes wild and glassy, the whole countenance expressive of the greatest anxiety and distress, pulse usually of not much volume, but hard like a small cord, soon sinking very much; the head much affected, wandering delirium, lethargy or stupor; the attack sometimes extremely violent

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and sudden, persons clover down by it, whilst engaged in their common employments and died instantly. In many instances it comes on with pain in the extremities, at first very violent, afterwards fugitive, fixing in the head, and occasioning dimness of vision, perhaps blindness, delirium, coma, paralysis, extreme languor both of body and mind, and with a parched tongue. These symptoms if not checked, increase with rapidity - vertigo attended with painful stricture across the forehead and eyes entire, unconquerable vigilance or somnolency, muttering or uttering of violent rhapsodies. If in his senses, is extremely dejected, sighs frequently, complains of uncontrolable wandering of his imagination, with the greatest anxiety agitation and distress, exciting in the mind of the beholder the highest sympathy, and the most ardent desire to relieve him of his wretchedness. Sometimes there is no local determination, neither chill nor fever, though the pulse be very frequent, at about a 140 or 150 in a minute, with some oppression at the

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praecordia and a slight tension of the forehead. This state is highly deceitful and dangerous, the symptoms of debility, on a sudden making their appearance and destroying the patient. But a more common form of the disease is that ushered in with all the signs of pneumonic inflammation, a chill and fever, pain in the side, difficult respiration, panting, coughing and spitting of bloody mucous, a flushed countenance, and suffused eye, much gastric distress, with vomiting bile. The pulse tolerably full and strong, though soft and easily compressible with the finger — resembling in all its symptoms bilious pleurisy. These symptoms however do not for more than a day or two, or perhaps for a few hours — Such cases are frequent. There is usually at first a slight affection of the throat, the patient not seeming very ill, but suddenly respiration is much impeded, and great prostration takes place. The throat and fauces if now examined, present the appearance of a dark and brownish or mahogony colour, altogether unlike that

of active inflammation — this form was not unfrequently met with in certain sections, our southern states — prostration takes hold of the mind as also the body, the patient is disturbed, or in many delirious lunatics. The tongue and fauces are covered with a dark colored crust — countenance expressively haggard and wildered, vibices or petechiae are sometimes seen over the body, from whence the disease received its name (Spotted fever) they however occur but very rarely not more than once in any hundred cases. There are also cases in which the throat is the chief seat of the disease, presenting the usual appearances of common cold, and are sometimes struck all at once with the eruptions of fatal debility and oppression. Such perhaps were the most frequent to the South and attended with the most serious consequences.*

Of the Diagnosis — It is said and perhaps with truth that physicians and others, are much more liable to mistake other diseases for an epidemic, especially after the occurrence of a few cases, than an epidemic

* For a very perfect and full delineation of the different symptoms, see Hall's history of Spotted fever

for other diseases. But if we consider the close resemblance which this in its several stages bears to many others; we must be readily convinced of the liability of having it confounded not only by the theoretical, but often by the practical physician. It must be obvious from the great variety of symptoms, which this disease exhibits, that there will be extreme liability in mistaking it for several others, more particularly for the cynanche maligna, scarlatina, common typhus, rheumatism, hydrocephalus internus, worms, cholera morbus, hysteria, mania, pleurisy, apoplexy, paralysis, intermittent, colic. The sporadic cases therefore particularly, while to be mistaken for several others, must be obvious to us all; for we occasionally meet with such in certain sections of the country, in which this epidemic has never prevailed. The consequence however of such mistake, must soon be seen or felt or perceived, if we compare the very opposite mode of treatment formed and by experience on this disease, from that adopted in analogous cases. The best directions

it is said which can be given for avoiding such mistakes, is to remind the young and inexperienced physician, diligently to compare the history of this, with those to which it bears a resemblance. By this he may generally be enabled to distinguish it. But should such cases occur in which we are unable to make a proper distinction, we are allowed to prescribe such remedies alone, as will not prove destructive to the patient, even should he be labouring under the more dangerous disease. It is nevertheless seriously to be regretted, that this disease either in as much severity as it is, or as it appears it not unfrequently does, when its real character has been disclosed, precipitated beyond the reach of medicine, and that of this disease, timely management and well understood, would have had an issue far less serious in its consequences — of the Prognosis it is a matter of no minor importance to the feelings and reputation of a physician, that he be able as far as is commensurate with human foresight, to form a correct judgement, of the probable course and termination of most

diseases. But with this under consideration great caution is necessary, particularly for those who have had but a small experience of its deceitful nature. But from the severity or mildness of the attack, we may form some idea, of its probable result. When the symptoms assume a mild form; when the prostration of strength is not uncommonly great, some degree of energy yet remaining in the pulse, the surface not cold, the tongue continuing moist; or if dry not much shrunkled, or not assuming the bloodless appearance, if deglutition is not much obstructed, and the stomach retains medicine; we may hope and with confidence, by careful and unremitting attentions to carry the patient safely through the attack. And even though the symptoms may assume a severer form, the prostration of strength greater, the vital spark spark nearly extinguished, the pulse tremulous, the surface cold to the touch, the torpid tongue moved with difficulty: and the stomach rejecting its contents; even if these symptoms

are within the control of medicine, and we
succeed in time, in restoring warmth and moisture
to the surface, increase the energy of the pulse,
and vomiting is reduced, so as to enable us,
through the stomach to invigorate the system;
we may also have assurances of arresting its progress.
And perhaps restore to society a valuable member,
and receive the grateful smiles of joy and
confidence from all surrounding friends. But
we are authorized to say, if on the other hand, the
stomach perseveringly rejects every medicine
administered, a paralysis of the vital principle
declines, if we are unable by any means to restore
warmth to the surface, and energy to the internal
system, if a bishop immutability prevails, deep
coma shuts up the senses, and destroys the power
of voluntary motion, the respiration difficult,
or the melancholy sound of apoplectic stertor, rattles
in ears, our fears must be great our hopes but few.
There are some other symptoms, which it is necessary

to observe — petechiae and vibices are always attended with danger, the darker the colour, and the earlier they make their appearance, the greater danger do they indicate; a bronzed appearance of the forehead is almost invariably a fatal symptom. It sometimes happens, that unless the proper remedies are timely administered, dark coloured petechiae, complete coma, obstinate vomiting, a cold surface, little or no pulse, and a rigidity of the limbs make their appearance within a few hours after the attack. And if the fortunate period for the prevention of some of these symptoms, is suffered to pass, a cure can seldom be realized. It is laid down as a general rule, the shorter the cold or sinking stage is, and the sooner the reaction of the system is induced, the safer is the patient. Delirium or mania are also said to be much less dangerous than coma, the danger however of all or any of these states, depends much upon the stage of the fever, more dangerous in the cold stage than after reaction

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is formed. But however alarming the symptoms, and ineffectual our remedies, we are instructed to cherish and keep steadfastly in our minds this Motto - Dum spirat speratimus, and apply our remaining resources, however few, with as much assiduity as having as yet accomplished nothing. By thus persevering we may sometimes succeed in robbing death of some of the fairest objects of his selection, and of proving to the world that the rewards of industry and humanity are not always withheld from us - Causes - Of the causes of this disease little is as yet ascertained - It is as all other epidemics involved in much obscurity. It commences and prevails during cold weather, and is with a few exceptions dissipated by the warmth of Spring. This epidemic is asthenic in its nature, and appears to be dependent upon a low state of temperature. The remote and predisponent causes must be such as debilitate the system and these are supposed to be influenced by

the seasons. The seasons in which the malignant and malignant fevers prevailed, are said to have been unusually cold and wet. Such have they been also during the prevalence of this epidemic. Dampness and coldness are esteemed as having a direct influence upon the human system, producing relaxation and debility of its powers. Such when existing in more than an ordinary degree, render the vegetable productions of the earth, less nutritious, and less suitable for sustaining animal life. Whether these causes have been sufficient in themselves to predispose the system to this disease, or whether from some morbid constitution of the atmosphere, or more probably from some latent and unknown cause, is as yet not fully decided. The exciting are better understood, and are such as have an immediate or direct tendency to debilitate the system as fatigue, fear, grief, loss of rest, abuse of stimuli, wetness, cold, and I may add abstinence, and any and every thing that depresses the system — of these cold is is the most frequent. That this

disease neither originates in, nor is spread by contagion, is at this time, I believe pretty generally conceded. Indeed it cannot be otherwise, if we regard the wide expanse and universality of its prevalence, as well as its observance of the general laws of epidemics, compelling all other diseases to acknowledge its supremacy and to put on its attire. Treatment. That the tonic and stimulating method of cure, as opposed to the debilitating plan is the correct one, I have no doubt for there is testimony abundantly sufficient to prove this fact. (North) Of the regimen proper in this fever, the means are rest of body and mind, avoiding fear, fresh air, agreeable cordial drinks, liquid nutritious diet; and such as suits the stomach of the patient, best taken warm unless the heat is above the natural standard. Of the means to support the strength of the patient bark and bitters, fermented liquors, wine, sulphuric acid &c. In the comatose or sinking ~~or sinking~~ stage, we should be assiduous in external remedies,

and administer with a liberal hand the diffusible stimulants wine, opium - ether &c until reaction is excited, sweat produced, and the pulse invigorated. A blister applied to the nape of the neck is also useful. When petechiae and vibices are discovered, bark, wine and opium are the appropriate remedies. Secondly, fever, when as a cause of congestion in the system, it becomes necessary that the bowels be evacuated pro re nata, the means should be gentle, and so timed as not to operate during the sinking stage. Cases have presented themselves in which the symptoms were indicative of a turgescence of blood in the lungs as great difficulty of breathing, and oppression at the breast, at the same time exhibiting a strangulated countenance. In such cases venesection may be proper, though North says he has never seen such a case. The wine and the other stimuli, never should be stopped, until the patient is restored to health, but the quantity diminished as the symptoms subside. There is perhaps no rule more necessary when the patient is low, than never to

suffer him to remain long without taking something solid and nourishing.

As to the propriety of this treatment I shall quote authority superior to self to establish the point. I have never feel almost as though, I were endeavouring to prove that which was already conceded. In Danielson and Warren's essays, the stomach and bowels were evacuated, followed by a liberal use of wine, bark and blisters - this practice proved unsuccessful. Dr Woodward remarks having no guide but experience, bleeding, vomiting, purging, sweating and stimulating were all tried, sweating gave the most relief. Dr Boston says, I took small bleedings from the two first patients that I saw, the bad effects of which, though not fatal, taught me afterwards, extreme caution in the use of the lancet, or in making any other evacuation in the commencement of the disorder. Hale as also Dr Chapman observes that two modes of treating this disease have been proposed. By one set of practitioners, the most profuse use of direct stimulants, as wine, brandy

carbonate of ammonia, camphor & have been recommended, whilst by another the mustard has been decidedly preferred. By a comparison of the two modes of managing the disease, they have not the slightest doubt of the superiority of the latter. Of the means resorted to, to excite perspiration, nothing answered so well as the Dover powder, given in three hours, drinking wine whey given freely, hot fomentations applied to the extremities, to the trunk, and to the armpits. If called in after the disease is advanced, or in the latter stage, combine with diaphoretics the entire employment of that class of remedies denominated cordial stimulants or incitants. The carbonate of ammonia is here, said to be the ipse dixerunt or the unicum remedium, which should be given in with a fearless hand, not less than 1 or 2 gr every hour, & cooperating means, strong wine whey, hot toddy, or madeira wine should be copiously used. At this crisis turpentine has been recommended and with the greatest probability of advantage. But should these means fail, and there be a rapid

sinking of the pulse; we must apply as a demulcent, to the surface in various parts, a decoction of cantharides and its tinctures to excite vesication, or the more powerful rubefacients, as a mixture of cayenne pepper with brandy. — This is the practice in the simple forms of the disease. But in the bilious, mucous, and anginose cases it seems to be pretty generally conceded that some difference of treatment is required. Emetics have been prescribed and with evident advantage, as well for the purpose of evacuating the stomach, as for making salutary impressions upon the system generally. To be serviceable it is advised, that they be repeated in some instances several times, and those of the most active sort — emetic tartar. The James has been recommended, and is said to display, when largely given, the combined operation of an emetic, purgative, and diaphoretic. These are to be succeeded by mercurial purgatives. After these measures have been premised, and we have so far accomplished

our end; we then subject the case to the stimulating diaphoretics, as in the simple states of the disease. If there be topical congestion or pains blisters become the appropriate remedy. As in angina or pneumonic affections, delirium or coma, and such as are large enough to embrace the neck, or cover the head or chest, as the case may indicate. The most lenitive and unobtrusive medicine of the disease seems to depend on its assuming for the most part, the congestive or contradistinguished from the inflammatory condition. The veins are deeply concerned in the past, the arteries in the latter. Blood letting here has proved injurious serving only to reduce the quantity in the circulating system without unloading the engorged organs. By cupping much good has been done, followed by the revulsive applications. Such also is pretty near the practice pursued by Dr. Murphy a contributor of Tao. The latter however speaking of this disease says it presented two very different aspects. The inflammatory and typhoid, such certainly appears to have been

the case, should we judge from the treatment pursued by himself. The one which we should not hesitate to consider as a bilious inflammatory fever, was treated with the most active repeated bloodletting, followed by emetics, purgatives, sudorifics and anodynes — with this practice his patient's recovery was finally owed. But with the other type quite a different practice was adopted. From the inflammatory part which this disease wore, many were disposed to consider it a common bilious remittent of an inflammatory type. From many circumstances however attendant, together with the great prostration of strength, and also the want of success, induced him to adopt quite a different practice — the stimulating diaphoretics and with success. As respects bloodletting in the treatment of this disease, I will quote his words — "The three first cases I met with of the pneumonic form, I bled freely, the result of which was a speedy termination

in death, in consequence of which I laid aside my lancet. Fifteen cases came under my notice in a particular part of the country, which were treated upon the depleting plan as a allcluc — merely in an then; and I have authority to say that at least one hundred and fifty, died under it, in other districts. The ill effects of this practice is further corroborated by Dr Williamson (Med. Repository)

" It could be otherwise than a repetition of what has been already detailed. I would cite a case which I had under my immediate care, during the latter part of the last winter. Suffice it to say that it was ushered in, with all the symptoms of bilious pleurisy, and was at first treated as such. Bloodletting was only resorted once, and much more sparingly than it would otherwise have been; but for my having seen, and also been cautioned, by an experienced and successful practitioner of the neighbourhood, against the indiscriminate and free use of the

lancet in the Influenza, which was of very general prevalence at that time, and under which the pulse had invariably sunk about forty eight hours after the commencement of the attack, it was translated from a most violent and excessive grade of high action, to one of the lowest I have ever seen. During which interval only one small bleeding was performed, from which the pulse was neither subdued, nor did the pain remit; — followed by a dose of calomel - oil - blisters and Dovers powders, assisted by the free use of the elm tea, impregnated with a portion of the nitrate of potash. After its assuming the typhoid type, the most liberal use of tonic, stimulating and diaphoretic remedies were had recourse to. And by persevering and unwearied attentions both day and night for nearly a week. I had the indescribable and heartfelt satisfaction, of wrestling from the almost embraces of that fell monster Death, one whose case had been considered, by all

who saw him, beyond the reach of medical assistance. I cannot however conclude the outline of this very interesting case (and which has been the ~~cause of~~ the selection of this subject) without lending my humble tribute of praise, to the wonderful efficacy, displayed by the combined operation of the Peruvian bark, the snake roots Polygala and Serpentaria — and the camphorated spirit